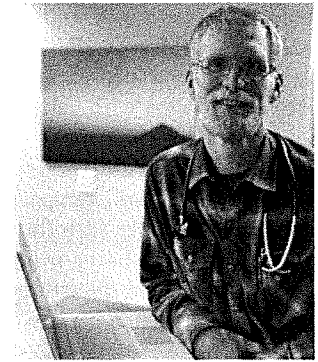


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# MY DECLARATION OF INDEPENDENCE

The time to advocate for independent family physicians and clinics has never been more critical. We all know there has been a steady decline in independent family physicians in both rural and urban areas of Minnesota over the last 20-30 years. In May 2019, the AMA noted that, for the first time, the percentage of employed physicians in the U.S. (47.4%) was greater than that of independent physician (45.9%). We have seen large health systems continue the practice of buying up hospitals and primary care clinics, putting their focus on improved market share ahead of patient or community care. There has also been a rapid rise in the incidence of burnout among family physicians over that same period of time. When surveyed, two of the common reasons for burnout are loss of autonomy and not feeling valued. As family physicians, our independent voice needs to be heard. We need to continue to advocate for the health of our patients, families and communities. We need to stand up for the core values of our profession as family physicians.

My journey to independence started 3-4 years ago, when the large health system I worked in for more than twelve years started to make more business-centered decisions than patient-centered decisions. The large health system even changed their marketing to call our patients "customers." The role of physicians as leaders within the organization started to diminish, as well. It was during that time that I realized that my core values as a family physician did not align with the values of the business-minded large health system I worked for. What I needed was a practice that was focused more on the care of patients and families in the community. What I was looking for was a practice that valued physicians as professionals and allowed them the opportunity to have input in the direction and mission of the organization. What I needed was my independence.

I had some understanding about life as an independent family physician. I grew up in the town of Moose Lake, MN, with parents who were both family physicians. I was lucky enough to work side by side with them at the Gateway Family Health Clinic for a year after my residency training. During my second-year clinical clerkship at the UMD Medical School, I was able to go to the Scenic Rivers Health System Clinic in Bigfork. I also spent nine months in the Rural Physician Associate Program (RPAP) in Onamia at the Mille Lacs Health System Family Clinic. While in residency, I had clinical preceptors and hospital staff from Northwest Family Clinics and North Clinic (now Voyage Healthcare). All of the teaching and mentoring I got from those dedicated and passionate independent family physicians helped shape my understanding and belief about what being independent meant.

So how did I finally decide where to find my independence? My wife, Emily, is also a family physician who practices at Sheridan Clinic, a community clinic in Northeast Minneapolis.

We regularly attend the MAFP Spring Refresher to catch up with colleagues and get CME. In 2018, the Spring Refresher had a booth of independent clinics promoting the benefits of independent practices. One of the clinics at the booth was Entira Family Clinics, a group of independent clinics in St. Paul and the surrounding east metro. Entira seemed like a very good fit as I learned about the mission and values of the organization. Still, I struggled to make the move. I struggled with the idea of leaving my previous practice because of the special bonds I had made with the patients and families I cared for. I had great partners at my clinic and hospital, as well as a dedicated, hard-working staff. There were lots of reasons to stay and try to accept the things that would not change. In the end, it came back to my core values and beliefs of who I am as a family physician. Now, after almost one year at Entira Family Clinics, with the feeling of value as a physician and having more control over how I care for my patients, I can definitely say that I am very glad I followed my core values and became an independent physician.

What does independence look like at Entira Family Clinics? We have only practicing family physicians on our board of directors. The CEO and CMO are both practicing family physicians in the organization, as well. As owners of the organization, we have the ability to decide the direction of the organization and determine our mission. Our independence allows us to design systems of care and operations that affect the quality of care we provide, as well as how we care for our patients and families. We utilize care coordinators and RNs to help with our chronic disease management, transition of care and Health Care Home patients. We have incorporated a culture of responsibility and pride throughout the clinics, from the front desk to rooming staff to physicians, to attain high rates of screening, immunizations and health care maintenance. Our high level of low-cost, quality care gives us important leverage with negotiating reimbursement from payors, which helps keep our compensation and benefits competitive.

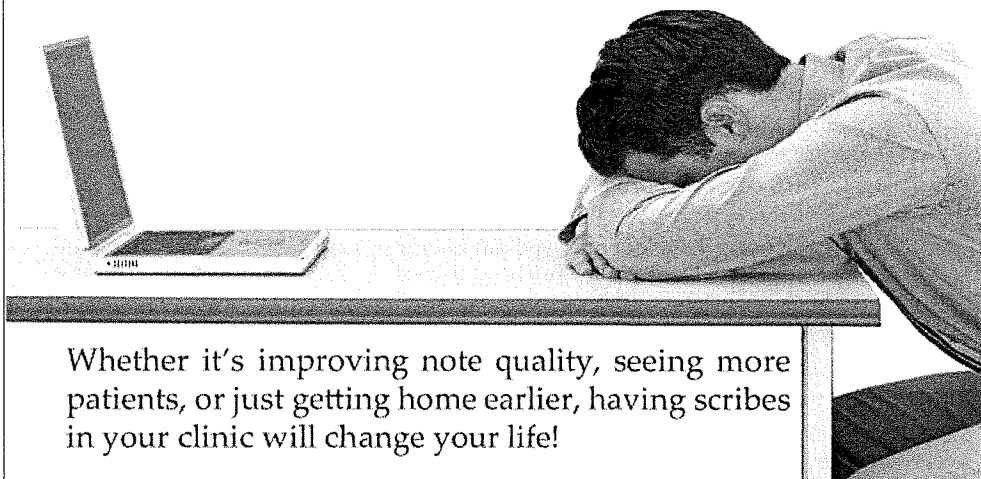
We are not immune from financial stressors. In the current health care environment, we need to prove our value as a low-cost, high-quality, health care deliverer on a regular basis. We do not have the benefit of scale for leverage with reimbursement like the large health care systems. What we do have is the commitment to the highest quality of care for our patients.

As owners of the organization, we have also created ways to reduce the ever-increasing frustration of our administrative burden. We have developed systems that reduce the paperwork we are doing on a daily basis for refills, prior authorizations

and medical supplies, which allows us more time to spend with our patients. While in the exam room with patients and families, I have found that the practice and art of medicine that I love has not changed. What has changed is the alignment of my values with those of my organization (with a shared primary focus on patient care) and the autonomy I now have as an independent physician.

The time to stand up for independent family physicians and clinics is now. We need to continue to find ways for medical students and residents to get exposure to independent family physicians and practice opportunities during their training. We need to continue to give independent medical practices exposure at conferences like the MAFP Spring refresher or in articles like this in the *Minnesota Family Physician*. We need to continue to be active in the MAFP and MMA, advocating for policies and resolutions that support independent physicians and clinics. We need to continue to have networks and collaboration among independent clinics to improve bargaining power, contracting and quality reporting. We need to continue to advocate on the legislative level for health care reform and improved reimbursement that support independent practices. Most importantly, as family physicians, our independent voice needs to be heard, loud and clear, advocating for our patients, families and the communities we care for.

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